

# POST OFFICE TO ADDRESSEE



\*EL700476655US\*

EL700476655US

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND LIMITS  
ON INSURANCE COVERAGE

Customer Copy  
Label 11-F July 1997

<b>ORIGIN (POSTAL USE ONLY)</b>		
PO ZIP Code 95134	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date In 10/23/01	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 3 PM	Postage \$ 19.15
Time In 10:41 PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee \$ 1.50
Weight 3 lbs. 4 ozs.	Int'l Alpha Country Code	COD Fee
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials W	Insurance Fee
Total Postage & Fees \$ 20.65		

<b>CUSTOMER USE ONLY</b>		<input type="checkbox"/> <b>WAIVER OF SIGNATURE</b> (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.	
Express Mail Corporate Acct. No. X951590	Federal Agency Acct. No. or Postal Service Acct. No.	<input type="checkbox"/> <b>NO DELIVERY</b> <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Customer Signature

<b>FROM: (PLEASE PRINT)</b> EPSON RESEARCH & DEVELOPMENT 150 RIVER OAKS PKWY SAN JOSE CA 95134-1915 AP118TP	<b>TO: (PLEASE PRINT)</b> BOX: PATENT APPLICATION ASST COMMISSIONER FOR PATENTS WASHINGTON DC 20231-9998
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**PRESS HARD.** You are making 3 copies. **FOR PICKUP OR TRACKING CALL 1-800-222-1811** [www.usps.gov](http://www.usps.gov) **EMS**

Bayside Sta Post Office  
San Jose, California  
951349998  
10/23/2001 (800)275-8777 04:50:07 PM

Product Description	Sale Qty	Unit Price	Final Price
WASHINGTON DC 20231			\$19.15
Express Mail PO-ADD			
Serial Number EL700476655US			
2nd day 3PM /Normal Delivery			
Return Receipt			\$1.50
Paid by account:			\$20.65
EMCA account number:			951590
<b>Total:</b>			<b>\$0.00</b>

Paid by:

Bill#: 1000200780608  
Clerk: 02

— Thank you for your business —

<b>COMPLETE THIS SECTION ON DELIVERY</b>	
A. Received by (Please Print Clearly)	B. Date of Delivery
C. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, enter delivery address below:	
3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Box Patent Application  
Assistant Commissioner  
for Patents  
Washington, D.C. 20231

2. A EL700476655US

102555-00-M-0952

Domestic Return Receipt

PS Form 3811, July 1999

